

ACTIVITY & LIFESTYLE QUESTIONNAIRE

Tick the box or circle the right answer

Age _____

Gender: Male Female

Height _____ cm

Weight _____ kg

Ethnic origin: Asia Africa Caucasian (EU) Other

Home country of residence _____

Any known medical conditions: Yes if yes please specify _____
No _____

Do you drink alcohol? Yes if yes, how many units per week? _____
No Calculation: strength (ABV) x volume (ml) ÷ 1,000 = units

Do you smoke currently? Yes No if yes, how many cigarettes per day _____

Favourite sport: _____

Favourite food: _____

Average sleep period: < 7 h/day > 7 h/day

Weekend: Outdoor activity: <2hrs/day 2-4 hrs/day >4hrs/day

Indoor screen time TV hrs/day? _____ Computer hrs/day? _____

Average exercise (or sport) hours per week: _____ hours

Using local gym facilities: Yes No

Do you believe that you are physically fit: Yes No

If doing less than 3 hours moderate exercise or activity per week, what is the main reason?

Don't want to No time No facility

others (please specify) _____